



**Hawai`i Teacher Standards Board**  
650 Iwilei Road, Suite 268  
Honolulu, HI 96817

### Hawai`i Teaching, School Counseling, and/or School Librarian License Application

Dear Applicant:

Thank you for applying for a Hawaii license through the Hawaii Teacher Standard Board (HTSB). This form is required for individuals who have completed an out-of-state preparation program that led to licensure but do not currently hold an active valid teaching license or certificate in any state.

To apply for a license, follow these steps:

- Create an HTSB account,
- Complete and submit an online application through your HTSB account,
- Upload the following to the documents tab in your HTSB account:
  - A completed Out-Of-State Educator Preparation Program Completion Verification Form (LA3009),
  - A copy of the official transcripts of a baccalaureate degree from a regionally accredited institution or the equivalent from a non-U.S. institution;
  - Official HTSB approved basic skills test (Praxis Core) report.
  - Official test score report for the HTSB approved Praxis test in the content area, and
  - Official transcript score report for the HTSB approved Praxis test in Principals of Learning and Teaching (PLT) for the recommended grade level(s)

**Note:** A course-by-course evaluation from a member of the National Association for Credential Evaluation Services ([www.naces.org](http://www.naces.org)) must be submitted for transcripts issued by a non-U.S. institution.

The documents referenced above must be received before HTSB staff can determine your eligibility for a Hawaii Teaching, School Counselor, and/or School Librarian license.

Please [contact us](#) with any additional questions.

Complete and sign Section 1 before sending this form to the administrator of your educator preparation program. Once this form is completed by your program and returned to you, please upload this document to your HTSB account with the required supplementary information.

**DO NOT email this form with sensitive information.**

#### Section 1. PERSONAL AND ADDITIONAL INFORMATION:

Legal Last Name	Legal First Name	MI
Date of Birth (mm/dd/yyyy)	Social Security Number or HTSB ID (if no ssn)	
Current Mailing Address	City	State      Zip Code
Email Address	Phone Number (include area code)	

*DISCLAIMER: I hereby authorize the release of the information regarding my professional education program from which I am making this request. I further verify that the information provided above is accurate and true.*

Applicant Signature	Date
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**Section 2. PRAXIS TESTING INFORMATION:**

**Hawaii Praxis Core Academic Skills for Educators: All (5752) or Reading (5713), Writing (5723), and Mathematics (5733)**

Test name: \_\_\_\_\_  
Test # \_\_\_\_\_ Date(s) taken: \_\_\_\_\_  
Score \_\_\_\_\_ Pass: Yes No

Test name: \_\_\_\_\_  
Test # \_\_\_\_\_ Date(s) taken: \_\_\_\_\_  
Score \_\_\_\_\_ Pass: Yes No

Test name: \_\_\_\_\_  
Test # \_\_\_\_\_ Date(s) taken: \_\_\_\_\_  
Score \_\_\_\_\_ Pass: Yes No

Test name: \_\_\_\_\_  
Test # \_\_\_\_\_ Date(s) taken: \_\_\_\_\_  
Score \_\_\_\_\_ Pass: Yes No

**Praxis Principles of Learning and Teaching (PLT) for recommended grade level(s)**

Test name: \_\_\_\_\_  
Test # \_\_\_\_\_ Date(s) taken: \_\_\_\_\_  
Score \_\_\_\_\_ Pass: Yes No

Test name: \_\_\_\_\_  
Test # \_\_\_\_\_ Date(s) taken: \_\_\_\_\_  
Score \_\_\_\_\_ Pass: Yes No

**Praxis Content Test(s)**

Test name: \_\_\_\_\_  
Test # \_\_\_\_\_ Date(s) taken: \_\_\_\_\_  
Score \_\_\_\_\_ Pass: Yes No

Test name: \_\_\_\_\_  
Test # \_\_\_\_\_ Date(s) taken: \_\_\_\_\_  
Score \_\_\_\_\_ Pass: Yes No

**Note:** Candidates who are seeking licensure in a World Language may submit HTSB passing score(s) from the American Council on the Teaching of Foreign Languages (ACTFL).

**Section 3. AUTHORIZED ADMINISTRATOR OR EPP TO COMPLETE THIS SECTION**

*(EPP Administrator use only)*

**To Authorized Official of Educator Preparation program:** The above-named individual has applied for a Hawai'i teaching, school counseling, and/or school librarian license. Please check the appropriate area(s) to verify the state-approved educator preparation program completed and basic skills and content knowledge accepted.

- A. Does this completed program(s) meet current standards and lead to licensure for certification in the state/jurisdiction in which the program is approved? Yes No  
If yes, what state/jurisdiction: \_\_\_\_\_  
If no, please describe: \_\_\_\_\_
- B. In which state/jurisdiction did this individual complete their preparation program? \_\_\_\_\_
- C. Is the applicant eligible for licensure/certification/credential in the state/jurisdiction the program is approved by? Yes No  
If no, what were the deficiencies: \_\_\_\_\_

D. Program Completion Date: \_\_\_\_\_

E. Does this applicant hold a bachelor's degree? Yes No

F. Please provide the field(s) and grade level(s) applicant is qualified to teach:

\_\_\_\_\_  
Field/Subject Area                      Grade Level(s)

\_\_\_\_\_  
Field/Subject Area                      Grade Level(s)

G. If applicant completed a program for Special Education, indicate the category and grade level(s):

Special Education      SpEd Mild/Moderate      SpEd Severe Profound      SpEd Visually Impaired

SpEd: Deaf/Hard of Hearing      SpEd: Orientation and Mobility      SpEd: Orthopedically Impairments

Grade Level(s): \_\_\_\_\_

**Verification and Affirmation from Official of Education Preparation Program:**

I hereby verify the information provided above is accurate and true that the above-named applicant has satisfactorily completed a state-approved educator preparation program in the area(s) checked above.

Please sign below:

\_\_\_\_\_  
Signature of Official of Educator Preparation Program      Print or Type Name      Date

\_\_\_\_\_  
Name of Program      Address

\_\_\_\_\_  
City      State      Zip Code      Accreditation

\_\_\_\_\_  
Email Address      Phone Number (include area code)